

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$2,349.67 for dates of service 07/24/01 through 09/13/01.
- b. The request was received on 07/02/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Reimbursement data
  - e. Medical Records
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No response found in the case file.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of two copies of additional information 08/26/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 08/14/02.

"We have met the burden of proof of our fair and reasonable rate with the aforementioned documentation. We seek full reimbursement for the outstanding balance of \$2349.67, along with interest accrued according to rule 134.803."
2. Respondent: No response found in the dispute packet.

#### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 07/24/01 through 09/13/01.
2. The explanation of denial listed on the EOBs is, O-DENIAL AFTER RECONSIDERATION, M-NO MAR, REDUCED TO FAIR AND REASONABLE RE-EVALUATION NO ADDITIONAL ALLOWANCE RECOMMENDED.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/24/01	97799-CP-AP (for all dates of service)	\$768.00 (6 units)	\$690.00	O,M	DOP	TWCC Act & Rules Sec. 413.011 (d), Rules 133.304 (i) & 133.307(D)(1) (G)(3)(1) MFG;MGR (II)(C)(G)	<p>The provider has included in their dispute packet, documentation (EOBs from other carriers) that provides some evidence of “fair and reasonable” reimbursement per Sec. 413.011(d). The provider is a CARF accredited facility, therefore the billed amount will not be reduced 20% according to the Fee Guidelines. The carrier did not respond to this dispute. The provider billed in accordance with the referenced rule and medical documentation indicates that the services were rendered.</p> <p>The carrier as required by Rule 133.304(i) submitted no evidence of a methodology.</p> <p>The provider billed an hourly rate of \$128.00 for the services rendered. The carrier reimbursed the provider an average of \$115.00 an hour.</p> <p>The provider has submitted reimbursement data, from other carriers, that indicates they have been willing to accept \$128.00 an hour, for CPT code 97799-CP-AP.</p> <p>The Medical Review Division must review the evidence submitted to determine which party has provided the most persuasive evidence to support fair and reasonable since there is no MAR. The carrier has failed to submit a response or a methodology. The provider has submitted some evidence of fair and reasonable.</p> <p>Therefore, based on the evidence of fair and reasonable, submitted by the provider, indicating \$128.00 is an acceptable rate, reimbursement is recommended in the amount of <b>\$2,340.00</b>. (\$13.00 x 180.0 hours billed = \$2,340.00).</p>
07/31/01		\$768.00 (6 units)	\$690.00	O,M			
08/06/01		\$896.00 (7 units)	\$805.00	O,M			
08/08/01		\$640.00 (5 units)	\$575.00	O,M			
08/09/01		\$768.00 (6 units)	\$690.00	O,M			
08/10/01		\$768.00 (6 units)	\$690.00	O,M			
08/13/01		\$640.00 (5 units)	\$575.00	O,M			
08/15/01		\$1,024.00 (8 units)	\$920.00	O,M			
08/16/01		\$1,024.00 (8 units)	\$920.00	O,M			
08/17/01		\$1,024.00 (8 units)	\$920.00	O,M			
08/20/01		\$1,024.00 (8 units)	\$920.00	O,M			
08/21/01		\$1,024.00 (8 units)	\$920.00	O,M			
08/22/01		\$1,024.00 (8 units)	\$920.00	O,M			
08/23/01		\$1,024.00 (8 units)	\$920.00	O,M			
08/24/01		\$1,024.00 (8 units)	\$920.00	O,M			
08/27/01		\$1,024.00 (8 units)	\$920.00	O,M			
08/28/01		\$1,024.00 (8 units)	\$920.00	O,M			
08/29/01		\$1,024.00 (8 units)	\$920.00	O,M			
08/30/01		\$896.00 (7 units)	\$805.00	O,M			
09/04/01		\$1,024.00 (8 units)	\$920.00	O,M			
09/05/01		\$1,024.00 (8 units)	\$920.00	O,M			
09/06/01		\$1,024.00 (8 units)	\$920.00	O,M			
09/07/01		\$1,024.00 (8 units)	\$920.00	O,M			
09/10/01		\$512.00 (4 units)	\$460.00	O,M			
09/12/01		\$512.00 (4 units)	\$460.00	O,M			
09/13/01		\$512.00 (4 units)	\$460.00	O,M			
<b>Totals</b>		\$23,040.00	\$20,700.00				The Requestor is entitled to reimbursement in the amount of <b>\$2,340.00</b> .

The above Findings and Decision are hereby issued this 11th day of March 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division  
MB/mb

**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2,340.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11th day of March 2003.

Carolyn Ollar  
Medical Dispute Resolution Officer  
Medical Review Division

CO/mb